CHRISTIAN COMMUNITY HOME OF HUDSON

1320 WISCONSIN STREET

HUDSON 54016 Phone: (715) 386-9303		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	81	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	81	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	81	Average Daily Census:	76

Services Provided to Non-Residents		Age, Gender, and Primary Di				Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	19.8 54.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.2	More Than 4 Years	8.6
Day Services	No			65 - 74		•	
Respite Care	No	Mental Illness (Other)	8.6	75 - 84	27.2		82.7
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	54.3	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.3	Full-Time Equivalent	
Congregate Meals	Yes	Cancer	1.2			Nursing Staff per 100 Resi	dents
Home Delivered Meals	Yes	Fractures	9.9		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	19.8	65 & Over	98.8		
Transportation	No	Cerebrovascular	9.9			RNs	8.6
Referral Service	No	Diabetes	3.7	Gender	용	LPNs	9.4
Other Services	No	Respiratory	1.2			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	28.4	Male	17.3	Aides, & Orderlies	40.3
Mentally Ill	No			Female	82.7		
Provide Day Programming for			100.0				
Developmentally Disabled	No	I			100.0	I	
		 		İ	100.0	İ	

## Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	Tota Resi dent	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	10	100.0	138	42	100.0	132	0	0.0	0	29	100.0	138	0	0.0	0	0	0.0	0	81	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		42	100.0		0	0.0		29	100.0		0	0.0		0	0.0		81	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	tions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period		 			% Needing		Total
Percent Admissions from:		Activities of	용		3	% Totally	Number of
Private Home/No Home Health	6.8	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0		0.0		91.4	8.6	81
Other Nursing Homes	2.7		8.6		80.2	11.1	81
Acute Care Hospitals	68.5		18.5		70.4	11.1	81
Psych. HospMR/DD Facilities			9.9		65.4	24.7	81
Rehabilitation Hospitals	1.4		44.4			2.5	81
Other Locations	20.5	**********	******	*****	*****	******	*****
otal Number of Admissions	73	Continence		용	Special Treatmen	ts	용
ercent Discharges To:		Indwelling Or Extern	al Catheter	6.2	Receiving Resp	iratory Care	11.1
Private Home/No Home Health	28.6	Occ/Freq. Incontiner	nt of Bladder	66.7	Receiving Trac		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	37.0	Receiving Suct	ioning	0.0
Other Nursing Homes	7.1				Receiving Osto	my Care	1.2
Acute Care Hospitals	4.3	Mobility			Receiving Tube	Feeding	1.2
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	14.8
Rehabilitation Hospitals	0.0	. <u> </u>				-	
Other Locations	8.6	Skin Care			Other Resident C	haracteristics	
Deaths	51.4	With Pressure Sores		4.9	Have Advance D	irectives	93.8
otal Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	70				Receiving Psvc	hoactive Drugs	56.8

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

************	*****	*****	*****	*****	*****	*****	*****	*****	*****
		Owne	ership:	Bed	Size:	Lice	ensure:		
	This	Non	profit	50	-99	Ski	lled	Al	1
	Facility	Peer	Peer Group		Group	Peer	Group	Faci.	lities
	%	8	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.8	92.0	1.02	87.1	1.08	88.1	1.07	87.4	1.07
Current Residents from In-County	96.3	85.9	1.12	81.0	1.19	82.1	1.17	76.7	1.25
Admissions from In-County, Still Residing	37.0	22.1	1.68	19.8	1.87	20.1	1.84	19.6	1.88
Admissions/Average Daily Census	96.1	138.9	0.69	158.0	0.61	155.7	0.62	141.3	0.68
Discharges/Average Daily Census	92.1	139.5	0.66	157.4	0.59	155.1	0.59	142.5	0.65
Discharges To Private Residence/Average Daily Census	26.3	64.3	0.41	74.2	0.35	68.7	0.38	61.6	0.43
Residents Receiving Skilled Care	100	96.1	1.04	94.6	1.06	94.0	1.06	88.1	1.14
Residents Aged 65 and Older	98.8	96.4	1.02	94.7	1.04	92.0	1.07	87.8	1.13
Title 19 (Medicaid) Funded Residents	51.9	55.4	0.94	57.2	0.91	61.7	0.84	65.9	0.79
Private Pay Funded Residents	35.8	32.6	1.10	28.5	1.26	23.7	1.51	21.0	1.71
Developmentally Disabled Residents	0.0	0.6	0.00	1.3	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	25.9	36.2	0.72	33.8	0.77	35.8	0.72	33.6	0.77
General Medical Service Residents	28.4	24.3	1.17	21.6	1.32	23.1	1.23	20.6	1.38
Impaired ADL (Mean)	48.1	50.5	0.95	48.5	0.99	49.5	0.97	49.4	0.97
Psychological Problems	56.8	58.5	0.97	57.1	0.99	58.2	0.98	57.4	0.99
Nursing Care Required (Mean)	4.2	6.8	0.61	6.7	0.62	6.9	0.60	7.3	0.57